The moment a family receives their child's terminal diagnosis, suddenly nothing else matters.

The Wings of Hope Pediatric Foundation

We assist families by offering financial support which may include meals, house cleaning, lawn care, and when necessary, aid with paying bills. Our free services allow families to focus on their child and the time they have together. Our foundation is supported by effective fundraisers every year that provide us with the resources to complete our mission.

THE WINGS OF HOPE
PEDIATRIC FOUNDATION
EVERYDAY IS A GIFT

Contact Dr. Dan Trotman at dan.wingsofhope@gmail.com (205.261.3542) or Tonya Willingham at tonya.wingsofhope@gmail.com. We encourage you to visit The Wings of Hope Pediatric Foundation website for referrals / assistance.

www.wingsofhopepediatricfoundation.org

All inquiries are confidential.

This form must be completed by a physician, nurse, or social worker.

Referrer Name: _____ Referrer Facility / Department:_____
Referrer Phone Number_____
Guardian Name: _____ Guardian Phone #_____
Patient Name: _____ DOB: _____
Diagnosis: _____ Date of Diagnosis: _____
Is Patient in active treatment? _____yes _____no
If so, current treatment plan and probable duration of therapy (in brief):

_____

_____

_____

_____

_____ _____

PROVIDER SIGNATURE DATE

I, parent or legal guardian of _____, authorize release of the following confidential medical information concerning my child for use by the Wings of Hope Pediatric Foundation.

_____ _____

PARENT OR LEGAL GUARDIAN DATE